

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	As set forth on the attached Schedule A
	Filing/ Issue Date	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

69,419

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number: 69,419

OR

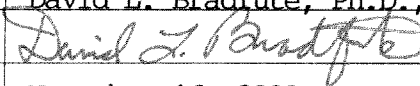
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
		State		ZIP	
Country					
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	David L. Bradfute, Ph.D., J.D.		
Signature			
Date	November 16, 2009	Telephone	(858) 453-7200

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 form is submitted.